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Bib Data Sheet

CONFIRMATION NO. 2246

SERIAL NUMBER 09/387,158	FILING DATE 08/31/1999 RULE	CLASS 435	GROUP ART UNIT 1631	ATTORNEY DOCKET NO. 19100-021
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APPLICANTS
THADDEUS P. DRYJA, MILTON, MA;
STEPHEN FRIEND, SOMERVILLE, MA;
DAVID W. YANDELL, WALTHAM, MA; *of mkb*

**** CONTINUING DATA *******
THIS APPLICATION IS A DIV OF 08/255,572 06/08/1994 *OK mkb*

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 09/20/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 18	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS
LESLIE MEYER-LEON, ESQ.
IP LEGAL STRATEGIES GROUP P.C.
901 MAIN STREET
P.O. BOX 280
OSTERVILLE, MA 02655-0280

TITLE
DIAGNOSIS OF RETINOBLASTOMA

FILING FEE RECEIVED 2254	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input checked="" type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/387,158	08/31/99	435	1641	19100-021

APPLICANT THADDEUS P. DRYJA, MILTON, MA; STEPHEN FRIEND, SOMERVILLE, MA; DAVID W. YANDELL, WALTHAM, MA.

CONTINUING DOMESTIC DATA***
 VERIFIED THIS APPLN IS A DIV OF 08/255,572 06/08/94

371 (NAT'L STAGE) DATA***
 VERIFIED

FOREIGN APPLICATIONS***
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/20/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 18	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 9
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS
 LESLIE MEYER-LEON
 MINTZ LEVIN COHN FERRIS GLOVSKY AND
 PEPEO P C
 ONE FINANCIAL CENTER
 BOSTON MA 02111

TITLE
 ✓ ~~DIAGNOSIS OF~~ RETINOBLASTOMA NUCLEIC ACIDS

FILING FEE RECEIVED \$1,966	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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